

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 22-100; the proponent agency is TRADOC

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade	Social Security No.	Date of Counseling
Organization		Name and Title of Counselor	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)

To:

- Inform soldier that he/she has maintained Satisfactory Progress during the Monthly Weigh-in IAW AR 600-9.
- Encourage soldier to continue progress.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

On (Date)_____, you were weighed and taped during the monthly weigh-in IAW AR 600-9. The results were as follows:

1. Previous month weight	Current month weight	Loss of lbs.
_____	_____	_____
2. Previous month Body Fat %	Current month Body Fat %	Loss of Body Fat %
_____	_____	_____

You have lost/gained ____% of Body Fat since your last weigh-in.

You have lost/gained ____lbs. since your last weigh-in.

You have made satisfactory performance for this month. However, you have not attained you Body Fat % of ____%. Once you obtain this goal, you will be removed from the weight control program and your flag will be lifted. In addition, any Bar to Reenlistment and/or Chapter action that has been initiated for weight control will be removed and/or stopped.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action: (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)

Your satisfactory progress is encouraging. Keep up the good work and continue to improve in this area. Should you have any problems or questions concerning this or any other issue, do not hesitate to bring them to my attention.

- Conducted assessment portion of previous counseling.
- Encouraged soldier to keep up the good work.

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual _____ Date: _____

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

- Continue to monitor soldier's progress.
- Supervise the soldier's PT program.
- Continue to encourage positive results.

Signature of Counselor: _____ Date: _____

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: _____ Individual _____ Date of _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.